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APPENDIX 32.

COMPETENCY CURRICULA FOR
OPHTHALMIC CLINIC ASSISTANT
AND
OPHTHALMIC TECHNICIAN

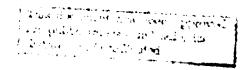
APPLICATION OF A SYSTEM APPROACH U.S. NAVY MEDICAL DEPARTMENT EDUCATION AND TRAINING PROGRAMS FINAL REPORT

AUGUST 31, 1974



Prepared under Contract to OFFICE OF NAVAL RESEARCH U.S. DEPARTMENT OF THE NAVY

Quida C. Upchurch, Capt., NC, USN
Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)



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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

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FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for selfinstruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indectrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

OPHTHALMOLOGY

ASSISTANT

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COMPETENCY CURRICULUM FOR

OPHTHALMIC CLINIC ASSISTANT

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COMPETENCY UNIT I: CLINICAL PROCEDURES

This unit includes the following Modules:

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2	Nursing Procedures	ļ
3	Specimen Preparation for Laboratory Examination	ŀ
4	Provide Information for/in Technical Procedures	;
5	Handling Patient's Questions	;
6	Prevention of Blindness	,

Unit: Clinical Procedures

MODULE 1: HISTORY TAKING

TASKS

Obtain chief complaint a.

b. Obtain history of present illness, especially pain, redness, discharge or decrease in visual acuity

Obtain past ocular history--glasses, C. contact lens, previous eye problems--with reference to previous eye medications

d. Obtain history of allergies, drug sensitivities and treatment for current medical problems

Record patient history e.

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for routine screening The OPHTA will obtain and record patient history (Behavior) including: complaints and symptoms of pain, redness, discharge, sudden decrease of vision or other disturbances; ophthalmic history (eye wear, medications, occupation), ascertain patient's

allergic reaction to medications, and patient's social and family history

(Conditions) With limited supervision and subject to review by the physician

(Criteria) History must be accurate and concise

(Consequence) Provide recorded historical information for the

physician

(Next Action) Inform physician of history taking information and follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

History taking principles History taking techniques Meaning of eye symptoms Preparation of laboratory reports, exams and consultation forms Communication techniques Clarity in recording

Unit: Clinical Procedures

MODULE 2: NURSING PROCEDURES

TASKS

- a. Administer medication to eye/ear/nose,
 e.g., dilate pupils
- b. Apply topical anesthesia
- Apply topical medication to musosal tissue,
 e.g., oral, eye, stoma
- d. Patch eyes
- e. Irrigate eyes

Manual dexterity

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will administer medications to the eye,

apply topical anesthesia, apply topical medications,

patch eyes and irrigate eyes

(Conditions) Minimal supervision as determined by the physician

(Criteria) Medication, patches and irrigations must be

correct and performed as ordered

(Next Action) Record medications, patches and irrigations in

patient's record and inform physician

KNOWLEDGES AND SKILLS

Techniques of administering eye medication
Irrigation procedures and techniques
Patching techniques and procedures
Ophthalmic pharmacology and toxicology
Techniques for applying medication, doing irrigation
and patching eyes
Eye-hand coordination

Unit: Clinical Procedures

MODULE 3: SPECIMEN PREPARATION FOR LABORATORY EXAMINATION

TASKS

- a. Set up and maintain stowing procedures
- b. Prepare/preserve specimen for forwarding
- c. Prepare, label and send tissue specimens
- d. Pick up/deliver specimens
- e. Label/accession specimen containers, e.g., tubes, slides
- f. Log specimens received
- g. Assess completeness of laboratory reports
- h. Prepare smears for microscopic analysis
- i. Prepare, label and send culture specimens to laboratory
- j. Disinfect instruments/materials/equipment
- k. Assist physician in obtaining ocular specimens, e.g., conjunctival scrapings, chalazion curettings

PERFORMANCE OBJECTIVE

(Stimulus) When assigned the responsibility of initial

specimen handling

(Behavior) The OPHTA will confirm proper identification of

patient and specimen, ascertain test to be performed,

label, log and ascertain as appropriate

(Conditions) Without supervision

(Criteria) Done in accordance with local laboratory

directives for specimen collection

(Consequence) Will decrease laboratory errors resulting from

improperly labeled specimens

(Next Action) Insure that specimens have been properly routed

or mailed in appropriate containers

KNOWLEDGES AND SKILLS

Use of appropriate specimen containers

Preservation and handling of various specimens

Proper labeling procedures

Use of specimen log

Ocular specimen collection technique

Use of preservatives
Use of specimen labels

Unit: Clinical Procedures

MODULE 4: PROVIDE INFORMATION FOR/IN TECHNICAL PROCEDURES

TASKS

- a. Reassure/calm children for examination or treatment
- b. Teach patient self-administration of medications
- c. Teach family (i.e., parent) administration of medications
- d. Review printed instructions with patient
- e. Inform patient on side effects of medications

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will teach patient/family administration of

medications, inform patient/family of symptoms of intolerance and review printed instructions with

patient

(Conditions) Without supervision; using printed instructions

containing necessary information on medication and

side effects

(Criteria) Information must be correct and not misleading to

the patient

(Consequence) Well-informed patient or family

(Next Action) Refer patient to physician concerning symptoms

and disease

KNOWLEDGES AND SKILLS

Communication Public relations

Ability to give clear instructions and confirm

that they are understood

Tact

Expected drug actions and reactions

Unit: Clinical Procedures

MODULE 5: HANDLING PATIENT'S QUESTIONS

TASKS

a. Identify the patient's needs

b. Respond to patient's questions

PERFORMANCE OBJECTIVE

(Stimulus) Upon inquiry by a patient

(Behavior) The OPHTA will answer the patient's non-

technical or routine questions and advise the

patient to ask the physician all questions related

to diagnosis or treatment

(Conditions) Without supervision

(Criteria) Information must be accurate and not misleading

to the patient

(Next Action) Refer patient's technical questions to physician

KNOWLEDGES AND SKILLS

Discriminate between routine and diagnostic/

treatment questions Communications

Ability to listen and give clear instructions

Tact

Unit:

Clinical Procedures

MODULE 6: PREVENTION OF BLINDNESS

TASKS

a. Instruct patient in the seven eye danger signals

b. Instruct patient in first aid for eye injuries

PERFORMANCE OBJECTIVE

(Stimulus) Upon inquiry by a patient or request of the

physician

(Behavior) The OPHTA will distribute prepared printed

information and answer the patient's questions on the seven eye danger signals and first aid

for eye injuries

(Conditions) With minimal supervision

(Criteria) Information must be correct and not misleading to

patient

(Consequence) Well-informed patient

(Next Action) None apparent

KNOWLEDGES AND SKILLS

Selected statistics on blindness Seven eye danger signals:

1. Persistent redness of the eye

2. Continuing discomfort or pain, especially after injury

3. Loss of visual acuity

4. Crossing of the eyes, especially in children

5. Growths on the eye or eyelids, or opacities visible in the normally transparent parts of the eye

6. Continuing discharge, crusting or tearing

of eyes

7. Pupil irregularities

First aid for eye injuries; patient/family

administration Communications

Ability to give clear instructions

Tact

Competency	: OPHTHALMIC CLINIC ASSISTANT (OPHTA)	
COMPETENCY	UNIT II: Ophthalmic Optics	
This unit	includes the following Modules:	
Numbe	r Title	age
1	Ophthalmic Optics	9
2 .	Performing Lensometry	10

Unit:

Ophthalmic Optics

MODULE 1: OPHTHALMIC OPTICS

TASKS

- a. Perform preliminary refractive testsb. Estimate optical refractive error with retinoscope
- c. Operate automated refractometer
- d. Estimate optical refractive errors with fogging technique (dials and cylinders)
- e. Refine refractive error measurement with cross cylinder for cylinder and axis
- f. Refine refractive error measurement with duochrome test for sphere
- g. Record measurement data obtained

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will perform preliminary refractive

tests and preliminary optical measurements and record findings on appropriate form, SF 600

(Conditions) With supervision

(Criteria) According to physician's instructions

(Consequence) Preliminary information for physician's determination

of patient's refractive requirements

KNOWLEDGES AND SKILLS

Characteristics of light refraction and reflection

Metric system

Basic arithmetic:

Algebra

Fractions

Dacimal fractions

Denominator and fractions

Ratio and proportions

Factors and roots

Diopter system

Optics: prisms and lenses; transposition

Unit: Ophthalmic Optics

MODULE 2: PERFORMING LENSOMETRY

TASKS

a. Perform lensometry

 Measure power of spectacles or contact lenses to determine sphere, cylinder, axis, prism

c. Detect presence of prism

d. Measure prism amount and direction

PERFORMANCE OBJECTIVE

(Stimulus) Given spectacles or contact lenses
(Behavior) The OPHTA will determine their optical characteristics
(Conditions) Without supervision; using the lensometer
(Criteria) An accurate measurement within range specified by physician or optometrist

(Next Action) Make measurements available to physician or

optometrist

KNOWLEDGES AND SKILLS

Technique of using lensometer/vartometer

	Competency: OPA	THALMIC CLINIC ASSISTANT	(OPHTA)	
	COMPETENCY UNIT	III: ORBIT		
	This unit includ	les the following Module:		
Ī	Number	Title	<u>P</u>	age
,	l Orbit	al Signs	• • • • • • • • • •	12

Unit: Orbit

MODULE 1: ORBITAL SIGNS

TASKS

- a. Observe/report presence or absence of redness b. Observe/report presence or absence of swelling
- Measure for/report presence or absence of ocular protrusion
- Observe/report presence or absence of subd. cutaneous crepitus

PERFORMANCE OBJECTIVE

Patient complaining of pain, redness or swelling in (Stimulus) orbital area

The OPHTA will observe for presence or absence of (Behavior) redness, swelling or subcutaneous crepitus, measure for ocular protrusion and record findings in patient's record

(Conditions) With limited supervision by physician

(Criteria) Accurate observing and reporting of presence or

absence of abnormal orbital signs

(Consequence) Will produce pertinent information regarding the

presence or absence of orbital signs

(Next Action) Inform physician and follow his orders regarding

further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of orbit Anatomy and physiology of accessory sinuses External diseases of eye and adnexa--orbit Meaning of eye symptoms--orbit Differential diagnosis of "red eye" Clarity in charting and recording Accuracy in observation

Competency:	OPHTHALMIC CLINIC ASSISTANT (OPHTA)	
COMPETENCY (UNIT IV: EYEBALL/SIGNS	
This unit in	ncludes the following Module:	
Number	Title	Page
1 E3	veball/Signs	. 14

OPHTHALMIC CLINIC ASSISTANT (OPHTA) Competency:

Unit: Eyeball/Signs

MODULE 1: EYEBALL/SIGNS

TASKS a. Observe/report the presence or absence of

tearing

Observe/report the presence or absence of

redness of eyeball

Observe/report presence or absence of

hemorrhage

Observe/report presence or absence of lacerations d.

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of symptoms of

tearing, pain or redness of the eye or a history

of trauma to the eye

(Behavior) The OPHTA will observe for the presence or absence

of redness of the eyeball, tearing, hemorrhage or laceration and report immediately to the physician the presence of any of the above

With limited supervision by physician (Conditions)

(Criteria) Observations must be correct and not misleading

to the physician

(Consequence) Will produce pertinent information regarding

presence/absence of these signs

(Next Action) Follow physician's orders regarding patient care

KNOWLEDGES AND SKILLS

Internal diseases of the eyeball

Meaning of eye symptoms -- eyeball

General anatomy and physiology of the eyeball/

Accuracy in observation

Clarity in recording and charting

COMPETENCY UNIT V: EYELID

This unit includes the following Modules:

Number				Title														Page				
1	Eyelid	Signs.	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	16	
2	Eyelid	Tests.															_	_	_		17	

Unit: Eyelid

MODULE 1: EYELID SIGNS

TASKS

Observe/report redness, swelling, crusting or drainage of eyelid

Observe/report eyelid lacerations and/or b. abrasions

Observe/report growth on eyelid

PERFORMANCE OBJECTIVE

Given a patient complaining of symptoms of ptosis (Stimulus) or pain, drainage, redness, growths or abrasions and lacerations of the eyelid

The OPHTA will measure the degree of ptosis and (Behavior) observe and report redness, swelling, crusting or drainage of the eyelid; lacerations or abrasions

of the eyelid and growths on the eyelid

Under limited supervision by the physician Observations must be correct and not misleading to (Conditions)

(Criteria) the physician

(Consequence) Will produce pertinent information regarding presence or absence of these signs

Follow physician's orders regarding further care (Next Action)

KNOWLEDGES AND SKILLS

Anatomy and physiology of eyelid Meaning of eye symptoms -- eyelid External diseases of the eye and its adnexa Clarity in recording and charting Accuracy in observation

Unit: Eyelid

MODULE 2: EYELID TESTS

TASKS a. Measure vertical width of palpebral fissure

b. Measure length of palpebral fissure

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will measure vertical width of palpebral

fissure; measure length of palpebral fissure

(Conditions) With limited supervision by the physician; using

a flashlight, millimeter rule

(Criteria) Observations must be accurate

(Consequence) Information leading to determination of

presence or absence of positional anomalies of

the lid

(Next Action) Report by recording measurements on patient's

record

KNOWLEDGES AND SKILLS

How to read millimeter ruler

Manual dexterity

Eye-hand coordination

Skill in reading and recording of measurements

COMPETENCY UNIT VI: LACRIMAL SYSTEM

This unit includes the following Modules:

Numb	er		Ti	tl	<u>e</u>											Page
1	Lacrimal	System	Signs.	•	•	•	•	•	•	•	•	•	•	•	•	19
2	Lacrimal	System	Tests .				•							_		20

Unit: Lacrimal System

MODULE 1: LACRIMAL SYSTEM SIGNS

TASKS

a. Observe and report for epiphora

 Observe and report redness and swelling of lacrimal structures

PERFORMANCE OBJECTIVE

(Stimulus)	Given a patient complaining of symptoms of pain, tearing, redness of eyelid or lacrimal structures
(Behavior)	The OPHTA will observe for and report presence or absence of pain, tearing, redness of eyelid or lacrimal structures
(Conditions)	With limited supervision; using a flashlight
(Criteria)	Accurate recognition of these signs
(Consequence)	Will produce pertinent information regarding presence/absence of these signs
(Next Action)	Follow physician's orders regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of lacrimal system
Meaning of eye symptoms -- lacrimal system
External diseases of eye and its adnexa--lacrimal system
Accuracy in observation
Clarity in recording and charting findings

Unit: Lacrimal System

MODULE 2: LACRIMAL SYSTEM TESTS

TASKS

- Assist with tests for tear production e.g., Schirmer test
- b. Assist with tests for lacrimal functions
- c. Assist with tests for conjunctival defects
- d. Assist with lacrimal irrigations

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders (Behavior) The OPTHA will set up the materials and equipment and assist the physician with tests for lacrimal system functions and for conjunctival defects With direct supervision (Conditions) (Criteria) In accordance with physician's instructions Completion of the tests by the physician in the (Consequence) most expedient and efficient way within a minimal amount of time (Next Action) Report by recording the physician's examination findings

KNOWLEDGES AND SKILLS

Side effects of anesthetics, stains
Maintaining sterility of stains
Technique for Rose Bengal test (use rose bengal stain, topical anesthestic and eye irrigation solution)
Technique for lacrimal patency (use fluorescent stain strips, nasal speculum, cotton ball and cotton applicator)
Manual dexterity in handling delicate instruments Eye-hand coordination
Physiology of tears
Diseases of the lacrimal system
Technique for measuring tear production (Schirmer test and others)
Technique for lacrimal irrigations

COMPETENCY UNIT VII: CONJUNCTIVA

This unit includes the following Modules:

Number		Title	<u> </u>											Page
1	Conjunctiva	Signs	•	•	•	•	•	•	•	•	•	•	•	22
2	Conjunctiva	Examination	•	•	•	•	•	•	•	•	•	•	•	23
3	Conjunctiva	Treatment .		•	•				•	•	•	•	•	24

Unit: Conjunctiva

MODULE 1: CONJUNCTIVA SIGNS

TASKS

- a. Observe/report presence or absence of tearing
- b. Observe and report presence or absence of redness of eyeball
- c. Observe/report conjunctival lacerations
- d. Observe/report conjunctival foreign body
- e. Observe/record or describe characteristics of abnormal drainage from the eyes

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of sudden onset of

symptoms of tearing, pain, redness of the eye, history of trauma to the eye or foreign body

sensation

(Behavior) The OPHTA will observe for conjunctival discharge,

lacarations or foreign bodies and report to the

physician

(Conditions) With limited supervision; using a flashlight

(Criteria) Accurate recognition of conjunctival lacerations

and conjunctival foreign bodies

(Consequence) Will produce pertinent information regarding

presence or absence of these signs

(Next Action) Follow physician's orders regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of conjunctiva Meaning of eye symptoms--conjunctiva External disease of eye and adnexa--conjunctiva Accuracy in observation Clarity in recording and charting findings

Unit: Conjunctiva

MODULE 2: CONJUNCTIVA EXAMINATION

TASKS

a. Assist with slit-lamp biomicroscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up the materials and equipment

for examination of a patient with possible abrasions, lacerations, injury of eye, etc. and assist physician

with examination

(Conditions) With direct supervision; using fluorescein

strips, eye irrigation fluid, cobalt blue light

and/or slit-lamp with cobalt blue light

(Criteria) In accordance with physician's directions

(Consequence) Completion of the test by the physician in the most

expedient and efficient way within a minimal amount

of time

(Next Action) Report by recording physician's examination

findings

KNOWLEDGES AND SKILLS

Eye-hand coordination
Technique of fluorescein staining
Manual dexterity in handling delicate instruments
Proper positioning of patient for slit-lamp
examination

Unit: Conjunctiva

MODULE 3: CONJUNCTIVA TREATMENT

TASKS

a. Assist in removal of foreign body

PERFORMANCE OBJECTIVE

(Stimulus) Upon the physician's orders

(Behavior) The OPHTA will set up the materials and equipment

and assist physician with removal of conjunctival

foreign body

(Conditions) With direct supervision

(Criteria) In accordance with the physician's instructions

(Consequence) Completion of the treatment by the physician in

the most expedient and efficient way within a

minimal amount of time

(Next Action) Apply topical medication, antibiotics and patch

eye as directed by physician

KNOWLEDGES AND SKILLS

Technique of removing conjunctival foreign

body

Eye-hand coordination

Manual dexterity in handling delicate instruments

Technique of disposing of dirty instruments

COMPETENCY UNIT VIII: CORNEA

Number					T	<u>it</u>	Le											Page
1	Corneal	Signs	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	•	26
2 ·	Corneal	Kerato	my	Te	st	•	•	•	•	•	•	•	•	•	•	•	•	27
3	Corneal	Tests	•	• •	٠.	•	•	•	•	•	•	•	•	•	•	•	•	28
Δ	Corneal	Treatm	en	L .	_		_	_	_									29

Unit:

Cornea

MODULE 1: CORNEAL SIGNS

TASKS

a. Observa/report for corneal epithelial defects

b. Observe/report for foreign bodyc. Observe/report corneal laceration

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of

tearing, pain, redness of the eye or history of

trauma to the eye

(Behavior) The OPHTA will observe for corneal epithelial

defects, corneal foreign body or corneal

laceration, and report to the physician

(Conditions) With limited supervision; using a flashlight

(Criteria) Accurate recognition of the signs

(Consequence) Will produce pertinent information regarding

presence/absence of these signs

(Next Action) Follow the physician's orders regarding further

patient cars

KNOWLEDGES AND SKILLS

Anatomy and physiology of cornea Meaning of eye symptoms -- cornea

External diseases of eye and adnexa--cornea

Accuracy in observation

Clarity in recording and charting findings

Unit: Cornea

MODULE 2: CORNEAL KERATOMY TEST

TASKS a. Calibrate keratometer

b. Measure corneal curvature (keratometry)

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will perform keratometry

(Conditions) With minimal supervision; using properly

adjusted karatometer (ophthalmometer)

(Criteria) Upon technical review is judged correctly

parformed '

(Consequence) Provide patient's keratometry findings

(Next Action) Report by recording these findings

Eye-hand coordination

KNOWLEDGES AND SKILLS

Technique of keratometry
Technique of calibrating keratometer (ophthalmometer)
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments

Unit: Commea

MODULE 3: CORNEAL TESTS

TASKS

a. Assist with corneal staining tests, e.g., fluorescein, rose-bengal

b. Assist with slit-lamp examination

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Bahavior) The OPHTA will set up the materials and equipment

and assist the physician with slit-lamp

examinations and with corneal staining tests

(Conditions) With direct supervision; using fluorescein

stain, rose bengal stain, etc. and

slit-lamp

(Criteria) In accordance with physician's instructions

(Consequence) The completion of the exam and tests by the

physician in the most expedient and efficient

way within a minimal amount of time

(Next Action) Report by recording the physician's exam findings

KNOWLEDGES AND SXILLS

Technique of corneal staining
Techniques of slit-lamp examination
Accuracy in observation and reporting tests
Manual dexterity in handling delicate instruments
Eye-hand coordination

Unit: Cornea

MODULE 4: CORNEAL TREATMENT

TASKS a. Assist with foreign body removal from cornea

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up the material and equipment

and assist the physician with the removal of a

corneal foreign body

(Conditions) With direct supervision; using topical

anasthatics, eye spud, #21 needle, slit lamp

and/or magnifying lenses and light

(Criteria) In accordance with physician's directions

(Consequence) Completion of the test by the physician in the

most expedient and efficient way

(Next Action) Apply topical antibiotic and patch as directed

by physician

KNOWLEDGES AND SKILLS

Technique of removing corneal foreign body

Eye-hand coordination

Manual dexterity in handling delicate instruments

COMPETENCY UNIT IX: SCLERA

Number				Title								Page								
1	Scleral	Signs	•	•	•	•	•							_	_					

Unit: Sclera

MODULE 1: SCLERAL SIGNS

TASKS

a. Observe for presence or absence of redness

of eyeball

b. Observe/report scleral lacerations

c. Observe/report scleral foreign bodies

PERFORMANCE OBJECTIVE

(Stimulus) Civen a patient complaining of tearing, pain or redness of the eye or a history of trauma to

the eye

(Behavior) The OPHTA will observe sclera for redness of

eyeball, lacerations and foreign bodies and

report to physician

(Conditions) With limited supervision; using a flashlight

(Criteria) Accurate recognition of these signs

(Consequence) Will produce pertinent information regarding

presence/absence of these signs

(Next Action) Follow physician's orders regarding further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of sclera Diseases of eye and adnexa--sclera Meaning of eye symptoms--sclera Clarity in recording and charting Accuracy in observation

COMPETENCY UNIT X: ANTERIOR/POSTERIOR CHAMBER

Number		Title									Page
1	Anterior/Posterior	Chamber	Signs	•	•	•	•	•	•	•	33
2 ·	Anterior/Posterior	Chamber	Tests								34

Unit: Anterior/Posterior Chamber

MODULE 1: ANTERIOR/POSTERIOR CHAMBER SIGNS

TASKS

- a. Observe for presence or absence of redness of the eyeball
- b. Observe for/report blood in anterior chamber

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of tearing, pain or redness of the eye or a history of trauma to the eye

(Behavior) The OPHTA will observe for and report redness of the eye or blood in the anterior chamber

(Conditions) With limited supervision; using a flashlight (Criteria) Accurate recognition of these signs

(Consequence) Will produce pertinent information regarding presence/absence of these signs

(Next Action) Follow physician's instructions regarding further care

KNOWLEDGES AND SKILLS

Anatomy and physiology of anterior/posterior chamber
Internal diseases of the eye
Meaning of eye symptoms—anterior/posterior chamber
Accuracy in observation
Clarity in recording and charting

Unit:

Anterior/Posterior Chamber

MODULE 2: ANTERIOR/POSTERIOR CHAMBER TESTS

TASKS

a. Assist with slit lamp biomicroscopy
 b. Assist with making smear and culture of anterior chamber fluid (paracentesis)

c. Assist with gonioscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up the materials and equipment and assist physician with slit-lamp biomicroscopy,

making a smear and culture of chamber fluid,

and gonioscopy exam

(Conditions) With direct supervision

(Criteria) In accordance with physician's instructions

(Consequence) Completion of the procedures by the physician in the

most expedient and efficient way in a minimal

amount of time

(Next Action) Report by recording physician's examination

findings and forward anterior/posterior chamber

material to appropriate laboratory

KNOWLEDGES AND SKILLS

Anatomy and physiology of anterior/posterior chambers

Gonioscopy techniques

Slit-lamp biomicroscopy techniques

Smear and culture techniques

Accuracy in recording and charting

Manual dexterity

Eya-hand coordination

COMPETENCY UNIT XI: IRIS AND PUPIL

Number				<u>Ti</u>	tle	2											Page
1	Iris	and	Pupil	Signs	•	•	•	•	•	•	•	•	•	•	•	•	36
2 ·	Iris	and	Pupil	Tests			_	_	_	_		_	_				37

Unit: Iris and Pupil

MODULE 1: IRIS AND PUPIL SIGNS

TASKS a.

a, Observe for presence or absence of redness of eyeball

b. Observe for/report inequality of pupils

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient complaining of symptoms of tearing, pain or redness of the eye or a history of trauma to the eye

(Behavior) The OPHTA will observe for redness of eyeball and for inequality of pupils

(Conditions) With limited supervision; using a flash]ight or ophthalmoscope

(Criteria) Accurate recognition of these signs

(Consequence) Will produce pertinent information regarding

presence/absence of these signs

(Next Action) Follow physician's instructions for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of iris and pupil Meaning of eye symptoms--iris and pupil Internal diseases of the eye--iris and pupil Clarity in recording and charting Accuracy in observation

Unit: Iris and Pupil

MODULE 2: IRIS AND PUPIL TESTS

TASKS

Observe and report if pupils react to light a.

b. Measure pupillary size

Observe and report if pupils respond to accommodation

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will observe and report if pupils respond to light and accommodation stimuli,

directly and consensually, and will measure pupillary size

With direct supervision; using a millimeter rule, (Conditions)

accommodation target and flashlight

(Criteria) Accurate estimation of pupil size and recognition

of pupillary response

Will provide pertinent information to physician (Consequence)

(Next Action) Record findings and report to physician

KNOWLEDGES AND SXILLS

Technique for determining pupil reaction to direct and consensual light stimulus Clarity in recording and charting Accuracy in observation Manual dexterity

Technique for measuring pupillary size

COMPETENCY UNIT XII: CILIARY BODY/ANGLE STRUCTURE

Number	<u>Title</u>	Page	2
1	Intraocular Tension Tests	. 39	
2 ·	Ciliary Rody/Angle Structure Tests	. 40	

Unit: Ciliary Body/Angle Structure

MODULE 1: INTRAOCULAR TENSION TESTS

TASKS

a. Parform Schiotz tonometry

b. Parform applanation tonometry

c. Perform tonography

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will measure intraocular tension by

Schiotz tonometry, applanation tonometry or

tonography

(Conditions) With limited supervision; using a tonometer e.g.,

Berkely; Tonometer Applanation AO, Tonometer

Applanation Goldman, electric Tonograph

(Criteria) Measure intraocular tension tests in accordance

with established standards

(Consequence) Estimated intraocular tension is

obtained

(Next Action) Report by recording examination findings

KNOWLEDGES AND SKILLS

Techniques of determining intraocular tension by tonometry and tonography
Technique of performing water drinking tests
Ability to use tonometers and calibrate them
Accuracy in observation and reporting tests
Manual dexterity in handling delicate

instruments
Eye-hand coordination

Unit: Ciliary Body/Angle Structure

MODULE 2: CILIARY BODY/ANGLE STRUCTURE TESTS

TASXS a. Assist with gonioscopy

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up the equipment, position the

patient and assist the physician with gonioscopy

(Conditions) With direct supervision; using various types of

gonioscopic equipment

(Criteria) In accordance with physician's directions

(Consequence) The completion by the physician of the examination

of the anterior chamber angle

(Next Action) Record physician's examination findings

KNOWLEDGES AND SKILLS

Use and operation of gonioscope

Accuracy in observation and reporting test

Manual dexterity in handling delicate instruments

Eye-hand coordination

Competency:	OPETHALMIC	CLINIC	ASSISTANT	(OPHTA)
COMPETENCY U	NIT XIII: 1	LENS		
This unit in	cludes the	followin	ıg Modules:	

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Unit: Lans

MODULE 1: LENS SIGNS

TASKS a. Observe for/report opacity of lens

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient

complaining of decreased visual acuity

(Behavior) The OPHTA will observe for evidence of opacity

of lens and report according to established procedures

(Conditions) Without supervision; using a flashlight or

ophthalmoscope

(Criteria) Accurate recognition of this sign

(Consequence) Will produce pertinent information regarding

presence/absence of this sign

(Next Action) Follow physician's orders for further patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of lens Meaning of eye symptoms -- lens Definition and causes of cataracts Clarity in reporting and charting Accuracy in observation

Unit: Long

MODULE 2: TESTS, ACCOMODATION

TASKS

- A. Measure amplitude of accommodation using lenses
- b. Measure range of accommodation using Prince rule

PERFORMANCE OBJECTIVE

(Stimulus)
(Behavior)

Upon physician's orders

The OPHTA will measure the patient's amplitude

and range of accommodation

(Conditions) With limited supervision; using a Prince rule,

minus lens and reading charts

(Criteria) Performed according to standard procedure

Will produce pertinent information regarding

(Next Action) amount of accommodative ability Report and record findings

KNOWLEDGES AND SKILLS

Tachnique of testing amplitude of accommodation Eye-hand coordination
Manual dexterity in using Prince rule, lenses and reading charts
Ability to read measurements accurately
Clarity in recording test results

COMPETENCY UNIT XIV: RETINA

Number	<u>Title</u>	Page
1	Visual Acuity Retinal Tests	45
2 ·	Visual Field Retinal Tests	46
3	Color Perception Retinal Tests	47
4	Dark Adaptometry Retinal Tests	48
5	Ophthalmic Artery Pressure Test	49
6	Retinal Treatment	50

Unit: Retina

MODULE 1: VISUAL ACUITY RETINAL TESTS

TASKS a. Measure visual acuity

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will measure visual acuity with and

without correction

(Conditions) Without supervision; utilizing eye charts (distance

and near), Snellen charts, projector lamp, light intensity meter, projector chart, Lebensohn chart and occluder, having tested the illumination on the distant and near chart with light intensity meter to determine if there is seven or more

foot candles of illumination

(Criteria) Performed in accordance with manufacturer's and

BuMed manuals and with regard to reproducible

results, and illumination of the charts

(Consequence) Measurement of the patient's visual acuity, distance

and near, with and without correction

(Next Action) Report and record examination findings

KNOWLEDGES AND SKILLS

Application of principles of light and optics

Technique of visual acuity testing

Judgment

Accuracy in observation and reporting of tests

Manual dexterity in handling instruments

Unit: Retina

MODULE 2: VISUAL FIELD RETINAL TESTS

TASKS

a. Test field of vision confrontation

b. Measure central field of vision

c. Measure peripheral field of vision

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will measure central and peripheral

visual fields

(Conditions) With minimal supervision; utilizing spectacles

for central fields, without spectacles for peripheral fields, with spectacles for aphakic patients with light stimulus from target varied according to prerequisites of the test, but with standard of 7 foot-candles performed uniocularly with tangent screen or autoplat for central fields and Goldman perimeter or standard perimeter for

peripheral fields

(Criteria) Performed in accordance with instructions and

with regard to reproducible results

(Consequence) Accurate and reproducible measurement of central

and peripheral visual fields

(Next Action) Record the fields on the appropriate chart

KNOWLEDGES AND SKILLS

Classification of type of field defects
Types of visual fields defects anticipated with
various types of pathologic lesions
Accuracy in observation and reporting tests
Manual dexterity in handling instruments
Accuracy in performing reproducible visual field
Technique of visual field testing

Unit: Retina

MODULE 3: COLOR PERCEPTION RETINAL TESTS

TASKS a. Perform color vision tests by various methods

PERFORMANCE OBJECTIVE

(Stimulus)
(Behavior)
(Conditions)

(Conditions)

Upon physician's orders
The OPHTA will perform color perception tests
Without supervision; utilizing color vision
plates, lanterns and wool skeins, without
spectacles, with standard illumination for
color vision plates

(Criteria) Performed in accordance with manufacturer's instructions, BuMed manual and instructions written on the Farnsworth lantern and with

regard to reproducible results
(Consequence) Accurate and reproducible measurements
of color perception

(Next Action) Record by reporting examination findings

KNOWLEDGES AND SKILLS

Classification of types of defects
Sex and genetic patterns of color defects
Technique of color perception testing
Accuracy in observation and reporting tests

Unit: Retina

MODULE 4: DARK ADAPTOMETRY RETINAL TESTS

TASKS

Perform dark adaptometry a.

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will perform dark adaptometry Without supervision; utilizing prescribed (Conditions)

equipment

(Criteria) Performed in accordance with manufacturer's

specifications and with regard to reproducible

results

Accurate and reproducible measurements (Consequence)

(Next Action) Record by reporting examination findings on the

appropriate form (SF 88, SF 100)

KNOWLEDGES AND SKILLS

Practical aspects of night vision Rules for most effective night vision

Technique of dark adaptometry

Accuracy in observation and reporting test Mesopic, scotopic and photopic vision

Unit: Retina

MODULE 5: OPHTHALMIC ARTERY PRESSURE TEST

TASKS

a. Assist with ophthalmodynamometry

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up the materials and equipment and assist the physician with ophthalmodynamometry

(Conditions) With direct supervision; using Baillard or

other ophthalmodynamometers, topical anesthesia, direct and indirect ophthalmoscope, sphygmomanometer,

stethoscope

(Criteria) In accordance with physician's instructions

(Consequence) Completion of the test by the physician in the

most expedient, accurate and efficient way in a

minimal amount of time

(Mext Action) Record physician's examination findings

KNOWLEDGES AND SKILLS

Anatomy and physiology of ophthalmic artery and tributaries

Technique of ophthalmodynamometry

Manual dexterity in handling delicate instruments

Eye-hand coordination

Set up and calibrate ophthalmodynamometer for operation

Unit:

Retina

MODULE 6: RETINAL TREATMENT

TASKS

a. Assist in cryotherapy

b. Assist in photocoagulation

PERFORMANCE OBJECTIVE

(Stimulus)

Upon physician's orders

(Behavior)

The OPHTA will set up the materials and equipment, position patient and assist the physician with cryocoagulation of retina and photocoagulation

(laser including) of retina

(Conditions)

With direct supervision; using one or all of the coagulators, eye irrigation solution, topical anesthetic, retrobular anesthesia, indirect ophthalmoscope, fluorescein angiography results

(Consequence)

Completion of the treatment by the physician in the

most expedient, accurate, efficient way in a

minimum amount of time

(Next Action)

Record treatment and follow physician's instructions

KNOWLEDGES AND SKILLS

Anatomy and physiology of retina, choroid, ciliary body, cornea, conjunctiva
Hazards of each instrument
Safety equipment required
Technique of cryocoagulation, photocoagulation and laser treatment
Manual dexterity in handling delicate instruments
Setting up instruments for operation

COMPETENCY UNIT XV: EXTRAOCULAR MUSCLES (MOTILITY)

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Unit: Extraocular Muscles (Motility)

MODULE 1: EXTRAOCULAR MUSCLES (MOTILITY) SYMPTOMS

TASKS

a. Report complaints of double vision, headaches or discomfort with use of eyes

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's order

(Behavior) The OPHTA will obtain and record history of double vision, headaches or discomfort with

use of eyes

(Conditions) Without supervision

(Criteria) Accurate recognition of these symptoms

(Consequence) Will produce pertinent information regarding

presence/absence of abnormalities

(Next Action) Follow physician's instructions regarding further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of extraocular muscles
Physiology of binocular vision
Classification of extraocular muscle deviations
Clarity in recording and charting
Accuracy in observation
Skill doing over test
Manual dexterity

Unit: Extraocular Muscles (Motility)

MODULE 2: EXTRAOCULAR MUSCLES (MOTILITY) TESTS

TASKS

- Operate fixation targets a.
- b. Measure deviations in cardinal directions of gaze
- Measure near point of convergence using c. millimeter ruler
- Observe for extraocular muscle imbalance d. using cross cover test
- Observe for ocular muscle imbalance using e. cover/uncover test
- f. Measure vertical muscle imbalance
- g. Measure horizontal muscle imbalance
- Measure fusion h.
- Perform red lens test i.

PERFORMANCE OBJECTIVE

Upon physician's orders (Stimulus)

The OPHTA will operate fixation targets and (Behavior) measure for vertical and horizontal muscle

imbalance; perform red lens test and measure

near point of convergence

With limited supervision; using fixation target, (Conditions)

focal objects, red lens, flashlight, occluder

and millimeter rule

Obtain accurate and reproducible test results (Criteria)

as judged by the physician

Will provide partinent information regarding (Consequence)

presence/absence of abnormalities

(Next Action) Report and record test results

KNOWLEDGES AND SKILLS

Extraocular muscle evaluation techniques Accuracy in observing and recording test results Skill in performing tests Manual dexterity Eye-hand coordination

53

Compatency:	OPI	ITHALM)	C CLI	NIC ASS	ISTANT	(OPHTA)
COMPETENCY	UNIT	xvi:	ARMED	FORCES	VISION	TESTER

Number				ritle				Pag	zе
1	Armed	Forces	Vision	Tester	(AFVT)			. 5	5

Unit: Armed Forces Vision Tester

MODULE 1: ARMED FORCES VISION TESTER (AFVT)

TASKS

- a. Do visual acuity test using AFVT machine
- b. Do heterophoria test using AFVT machine
- c. Do color vision test using AFVT machine
- d. Do depth perception test using AFVT machine

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or upon receiving a patient

requiring visual testing

(Behavior) The OPHTA will do visual acuity, color vision test,

depth perception and heterophoria tests

(Conditions) Without assistance; using an AFVT machine and

lensometer

(Criteria) Performed and scored in accordance with

manufacturer's instruction score sheet

(Consequence) Determine patient's visual acuity measured at near

and far, with and without glasses: determine color vision deficiency if any, measure depth perception and determine if heterophoria is present and the amount of deviation present

(Next Action) Report by recording findings on the appropriate

chart for the instrument

KNOWLEDGES AND SKILLS

Screening techniques

Technique of using AFVT (Armed Forces Vision Tester)

Manual dexterity

Accuracy in observing and recording test

Compatency: OPHTHALMIC CLINIC ASSISTANT (OPHTA) COMPETENCY UNIT XVII: OPHTHALMIC DRUGS AND MEDICATIONS

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ı	Dispensing and Administering Ophthalmic Drugs/Medications	57

Unit: Ophthalmic Drugs and Medications

MODULE 1: DISPENSING AND ADMINISTERING OPHTHALMIC DRUGS
AND MEDICATIONS

TASKS

a. Issue filled prescriptions

 Administer oral tablets, capsules and liquids of various types

c. Administer ophthalmic medications

PERFORMANCE OBJECTIVE

(Stimulus) When a medication is ordered
(Behavior) The OPHTA will identify the various ophthalmic pharmaceutical products from both the generic and trade names and issue and administer the medications

(Conditions) With limited supervision

(Criteria) The exact medication ordered is issued and/or

administered

(Consequence) A pharmaceutical agent, as ordered by the

physician, is dispensed or administered to the

patient

(Next Action) Record the issue or administration of the

medication

KNOWLEDGES AND SKILLS

Autonomic nervous system
Classification of ophthalmic drugs affecting
autonomic nervous system
Similarities and dissimilarities of ophthalmic
pharmaceutical agents
Correlation of ophthalmic pharmaceutical and
generic names
How to read medication orders

How to label prepared medications

COMPETENCY UNIT XVIII: OPHTHALMIC PHOTOGRAPHY

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1	External Photography	. 5	9
2	Special External/Internal Ophthalmic	. 6	รถ

Unit: Ophthalmic Photography

MODULE 1: EXTERNAL PHOTOGRAPHY

TASKS a. Perform anterior segment photography

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will perform anterior segment photography

(Conditions) Without technical assistance; using the appropriate

anterior segment photographic equipment and

materials

(Criteria) Performed in accordance with minimum standards,

proper area, usable quality

(Consequence) Completion of procedure by the OPHTA in the

most expedient and efficient way in a minimal

amount of time

(Next Action) Send photos for processing

KNOWLEDGES AND SKILLS

Film types and lighting requirements

External cameras, e.g., Bellows, Instamatic

Manual dexterity

Eye-hand coordination

Accuracy in recording and charting

Unit: Ophthalmic Photography

MODULE 2: SPECIAL EXTERNAL/INTERNAL OPHTHALMIC PHOTOGRAPHY

TASKS

- a. Assist with external photography
- b. Assist with fluorescein photography
- c. Assist with photoslitlamp photography
- d. Assist with fundus photography

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTA will set up materials and equipment

and assist physician with fundus and photoslitlamp

photography and fluorescein angiography

(Conditions) Without technical assistance; using the appropriate

fundus, fluorescein and photoslitlamp equipment

and materials

(Criteria) In accordance with physician's orders

(Consequence) Completion of procedure by the physician in the

most expedient and efficient way in a minimal

amount of time

(Next Action) Send photos for developing

KNOWLEDGES AND SKILLS

Film types and lighting requirements External cameras, e.g., Bellows Slit-lamp cameras, e.g. Zeros Fundus cameras, e.g., Zeiss, Mikon

Manual dexterity
Eye-hand coordination

Accuracy in recording and charting

Competency: OPHTHALMIC CLINIC ASSISTANT (OPHTA)

COMPETENCY UNIT XIX: CCULAR EMERGENCY/INJURY

This unit includes the following Module:

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1	Ocular	Emergencies	and	Injuries	_		_	_	62

OPHTHALMIC CLINIC ASSISTANT (OPHTA) Competency:

Unit:

Ocular Emergency/Injury

OCULAR EMERGENCIES AND INJURIES

TASKS

- Question patient for history of injury to eye or adnexa
- Question patient for history of loss of b. vision
- Check for chemical injury to the eye
- Observe presence or absence of redness in d. eyeball
- Irrigate eyes
- Check for injuries due to foreign bodies f. in the eye
- Measure visual acuity g.
- h. Patch eye

PERFORMANCE OBJECTIVE

Having a patient complaining of loss of vision, (Stimulus) blurred vision, trauma to the eye or other

symptoms of impaired vision

(Behavior) The OPHTA will obtain a brief history and observe for evidence of ocular injury. In the absence of

a physician he will irrigate the eye in cases of chemical injury or presence of foreign matter

Without supervision; using Snellen charts, (Conditions)

flashlight, ophthalmoscope, accurate history,

eys irrigating solution

(Criteria) Procedure is judged correctly performed by supervisor

(Consaquence) Competent ophthalmic first aid

Patch eyes and notify the ophthalmologist or (Next Action)

supervisor

KNOWLEDGES AND SKILLS

Classification of eye symptoms into immediate, urgent, routine care classification

Signs and symptoms of ocular emergencies and/or injuries

Irrigating solution utilized in the eye Accuracy in observation and reporting tests

Manual destority in handling delicate instruments

Eye-hand coordination

Technique of irrigating the eye for chemical injury

COMPETENCY UNIT XX: OPHTHALMIC DISPENSING

This unit includes the following Modules:

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Unit: Opht

Ophthalmic Dispensing

MODULE 1: PRESCRIPTION INTERPRETATION

TASKS

- a. Determine prescription as to single vision
- b. Determine prescription as to multifocal
- c. Determine prescription as to specialty -- aphakic
- d. Determine prescription as to specialty-occupational
- e. Determine prescription as to specialty-subnormal vision
- f. Determine prescription as to protective mask inserts
- g. Determine if lenses are protected (heat-treated)

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving an optical prescription

(Behavior) The OPHTA will interpret the prescription to

determine if the lenses specified are for single vision, multifocal, aphakic, occupational, subnormal

vision or mask inserts

(Conditions) With minimal supervision

(Criteria) Upon technical review by prescribing physician or

optometrist is judged correctly interpreted

(Consequence) Determine the type of spectacle lens and frame

required

(Next Action) Determine facial measurements

KNOWLEDGES AND SKILLS

Lens classifications and characteristics

Unit: Ophthalmic Dispensing

MODULE 2: FACIAL MEASUREMENTS

TASKS

- a. Measure interpupillary distance
- b. Determine facial asymmetry
- c. Measure eye size
- d. Measure bridge size
- e. Measure temple length
- f. Determine temple styles
- g. Calculate vertex distance with distometer for appropriate frame
- h. Measure multifocal/bifocal segment heights

PERFORMANCE OBJECTIVE

(Stimulus) Upon determining type of spectacle/lens and

frame required

(Behavior) The OPHTA will measure pupillary distance, eye

size, bridge size, temple length and segment height for the appropriate frame and temple type/style. If necessary he will calculate the

vertex distance with a distometer for the

appropriate frame

(Conditions) With limited technical supervision; using a millimeter

rule, BLPD meter, distometer and sample frame

(Criteria) Upon technical review the calculated vertex

distance and measurements of pupillary distance, eye size, bridge size and temple length must be

correct

(Next Action) Enter measurements on appropriate form (SF 600) and

determine frame specifications

KNOWLEDGES AND SKILLS

Pupillary distances

Occupational spectacle types

Vertex distance

Frame style

Temple styles/sizes

Eya siza

Bridge sizes

Multifocal lenses and sagment heights

Eye-hand coordination

Manual dexterity

Use of millimeter rule

Use of BLPD meter

Use of distometer

Ability to read measurements accurately

Clarity in recording measurements

Unit: Ophthalmic Dispensing

MODULE 3: FRAME SPECIFICATIONS

TASKS

- a. Evaluate the fitting triangle, determine facial configuration
- b. Evaluate the fitting triangle, cosmetic consideration
- c. Determine frame PD
- d. Determine temple specifications
- e. Determine if rocking pads required
- f. Determine the specifications for protective mask inserts

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of facial measurements of

the patient

(Behavior) The OPHTA will evaluate the fitting triangle in

order to choose the appropriate frame type, and

determine frame PD, temple specification, whether or not rocking pads are required, and

specifications for protective mask inserts

(Conditions) With limited technical supervision

(Criteria) The frame must be of the proper type for lens

ordered

(Consequence) Frames that have a comfortable fit and good

cosmetic appearance

(Next Action) Order spectacles

KNOWLEDGES AND SKILLS

Occupational spectacle types

Frame specifications

Protective mask specifications

Indication for various spectacle types

FDA and ANSI regulations Eye-hand coordination

Manual dexterity

Use of millimater rule

Unit: Ophthalmic Dispensing

MODULE 4: ORDERING SPECTACLES

TASKS

- Interpret spectacle prescription as transcribed on SF 600, DD 771, or other optical prescription
- b. Do lens prescription transposition (flat and cross cylinder)
- Datermine amount of decentration of lenses with C. relation PD
- Learn to complete DD 771 eye wear prescription d.
- Verify manufactured spectacles with DD 771

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of frame specification or

receiving a DD 771 or SF 600 for reorder of

prescription

(Behavior) The OPHTA will interpret the spectacle prescription

and facial measurements as transcribed on the SF 600 or DD 771. He will then complete a new

DD 771, transposing the prescription when

necessary and determining the amount of decentration required in relation to patient's pupillary distances; when manufactured spectacles are received verify

them with accompanying DD 771, noting manufacturer's limitations, if any, on occupational spectacles

With minimal technical supervision (Conditions)

(Criteria) DD 771 must be complete and correct upon review

by the prescribing physician and verification

with original spectacle prescription

(Consequence) Receipt of proper and appropriate spectacles as

requested by the prescribing officer

(Next Action) Fitting of spectacles to patient

KNOWLEDGES AND SKILLS

Diopter system Transposition

Single vision/multivision lenses

Principles of decentration

Elamentary optics

Prescription interpretation

Algebra and signed numbers

Ability to interpret spectacle prescription Ability to calculate amount of decentration

Ability of lens with relation to PD

Interpret prescription in relation to measuring

and prescribing vertex distance

Unit: Ophthalmic Dispensing

MODULE 5: FITTING SPECTACLES

TASKS a. Adjust frame-bridge, pantoscopic, angle

b. Adjust temples-spread

c. Adjust nose pads

d. Instruct patient on care of plastic lenses

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient picking up previously ordered

spectacles

(Behavior) The OPHTA will fit and adjust the spectacles to the patient by adjusting the frame, temples and nose pads. If the lenses are plastic he will also instruct the patient on the care of plastic

lenses

(Conditions) With minimal supervision; using salt pan, spectacle

(optical) hand instruments

(Criteria) Spectacles must be comfortable to the patient (Consequence) Patient will have spectacles that are fitted to

his or her facial contours

(Next Action) None apparent

KNOWLEDGES AND SKILLS

Care of plastic lenses
Fitting techniques
Knowledge of appropriate instruments required for
fitting of spectacles
Ability to comfortably fit spectacles to patient

Unit:

Ophthalmic Dispensing

MODULE 6: NEUTRALIZATION AND BASE CURVES OF LENSES

TASKS

a. Neutralize with lensometer (vertometer)

b. Identify lens by hand (plus, minus or cylinder)

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient's spectacles for

neutralization and/or determination of base

curves

(Behavior) The OPHTA will neutralize the lenses in either

plus or minus cylinder form and/or determine

base curves

(Conditions) With minimal technical assistance; using the

lensometer, trial lens set and/or lens clock

(Criteria) Upon technical review is judged correctly performed

with regard to equipment standards (each piece

of equipment has standards as set in specific manual,

e.g. calibrate lensometer before using)

(Consequence) Determine power and/or base curve and make entry

on appropriate form (e.g., SF 88, SF 600, DD 771)

(Next Action) Determine characteristics of spectacle lenses

KNOWLEDGES AND SKILLS

Neutralization principles - sphere, cylinder, axis prism

Base curve of lenses

Knowledge of appropriate instruments
Ability to accurately read measurements

Clarity in recording test results

Unit:

Ophthalmic Dispensing

MODULE 7: CHARACTERISTICS OF SPECTACLE LENSES

TASKS

- a. Determine if spectacles are glass or plastic
- b. Determine if glass spectacles are heat treated, laminated, coated or tinted
- c. Determine type multifocal segment height
- d. Determine type of occupational spectacles

PERFORMANCE OBJECTIVE

(Stimulus)

Upon receiving patient's spectacles for determination of lens characteristics

(Behavior)

The OPHTA will examine lenses to determine if they are glass or plastic, determine if they are laminated, coated or tinted, determine multifocal segment height and whether lenses are heat treated with a polariscope

(Conditions)

Without supervision; using a polariscope

(Criteria)

Within ANSI and FDA standards and in accordance

with SecNav and BuMed instructions

(Consequence)

Make entry of lens characteristics in patient's

record

(Next Action)

Inform physician

KNOWLEDGES AND SKILLS

Spectacle lens standards (ANSI and FDA)
Lens classification and characteristics
Polariscope
Lens tints
BuMed/SecNav instructions
Use of polariscope

Unit:

Ophthalmic Dispensing

MODULE 8: MINOR REPAIR OF SPECTACLES

TASKS -

a. Make minor spectacle repairs and adjustments

b. Replace temple

c. Replace lens in new spectacle frames (insertion)

d. Make temporary eyewear

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of spectacles for repair or adjustment (Behavior) The OPTHA will make minor adjustments to frames

and temples and make minor repairs including replacing temples and replace lenses into new

frames

(Conditions) With minimal supervision; using spectacle screwdriver,

riveter, anvil, lens warmer, frame stretcher,

spectacle pliers and salt pan

(Criteria) Replacement lenses, frames and temples must be the

correct power or size

(Next Action) Return a wearable pair of spectacles to the

patient

KNOWLEDGES AND SKILLS

Minor repair and adjustment techniques

Repair equipment

Ability to use spectacle screwdriver, riveter, anvil, lens warmer, frame stretcher, axis pliers, spectacle pliers, and salt pan

OPHTHALMOLOGY

TECHNICIAN

TABLE OF COMEM'S

COMPETENCY CURRICULUM FOR

OPHTHALMIC TECHNICIAN

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	4.	Retinal Surgery	58										

COMPETENCY UNIT I: CLINICAL PROCEDURES

This unit includes the following Modules:

Number	Title					P	age
1.	Provide Information for/on Technical Procedures	•	•	•	•	•	2
2	Nursing Procedures						2

Unit: Clinical Procedures

MODULE 1: PROVIDE INFORMATION FOR/ON TECHNICAL PROCEDURES

TASKS

- a. Elicit information to ascertain patient's understanding
- b. Explain x-ray procedures to patient
- C. Answer patient inquiries regarding nonprescription drugs
- d. Answer inquiries regarding drug reaction
- e. Explain major surgical procedure/operation to patient
- f. Teach patient/family nursing care procedures e.g. installation of ophthalmic medication

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with questions about technical procedures, medications, treatment

(Behavior) The OPHTT will provide information regarding

technical procedures, medications (prescription

and nonprescription) or other treatment

(Conditions) Without technical supervision, and with approval

of the physician

(Criteria) Upon technical review is judged correctly

performed

(Consequence) An informed patient/family regarding specific

technical procedures, medications and treatment

KNOWLEDGES AND SKILLS

X-ray procedures Surgical procedures

Prescription and nonprescription drugs

Drug reactions

Nursing care procedures

Ability to give clear instructions

Unit: Clinical Procedures

MODULE 2: NURSING PROCEDURES

TASKS a. Remove sutures

b. Insert/remove ocular prosthesis

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with

sutures or ocular prosthesis

(Behavior) The OPHTT will remove sutures, insert or remove

ocular prosthesis

(Conditions) With minimal supervision; using appropriate

instruments

(Criteria) Performed in accordance with minimum acceptable

standards

(Consequence) Record suture removal on patient's record

(Next Action) Inform physician

KNOWLEDGES AND SKILLS

Types of ocular prostheses

Wound healing

Eye-hand coordination

Technique of removing ocular sutures

COMPETENCY UNIT II: ORBIT

This unit includes the following Module:

Number				Title							Page
1	Orbital	Signs	and	Symptoms		_	_	_	_	_	5

Unit:

MODULE 1: OREITAL SIGNS AND SYMPTOMS

Orbit

TASKS a. Obtain and record detailed history of orbit

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient

complaining of orbital symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any orbital abnormalities and

enter findings on patient record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient

care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the orbit and nasal accessory sinuses
Differential diagnosis of "red eye"
Meaning of orbital symptoms and signs
Ability to obtain detailed history
Clarity in recording and charting

COMPETENCY UNIT III: EYEBALL/GLOBE

This unit includes the following Module:

Number	<u>Title</u>	Page				
1	Eyeball/Globe Signs and Symptoms	. ,	7			

Unit: Eyeball/Globe

MODULE 1: EYEBALL/GLOBE SIGNS AND SYMPTOMS

TASKS a. Obtain and record detailed history of

eyeball/globe abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complain

of eyeball/globe symptoms

(Behavior) The OPHTT will obtain a datailed history (present

and past) of any eyeball/globe abnormalities and

enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient

care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the eyeball/globe Meaning of eyeball signs and symptoms Internal diseases of the eyeball/globe Ability to obtain detailed history Clarity in recording and charting

COMPETENCY UNIT IV: EYELID

This unit includes the following Modules:

Number				Tit	le										P	age	3
1 .	Eyelid	Signs	and	Sympto	oms	•	•	•	•	•	•	•	•	•	•	9	
2	Evelid	Test					_	_	_	_	_	_]	0	

Unit: Eyelid

MODULE 1: EYELID SIGNS AND SYMPTOMS

TASKS a. Obtain and record detailed history of eyelid

abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining

of eyelid symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any eyelid abnormalities and

enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient

are

KNOWLEDGES AND SKILLS

Anatomy and physiology of eyelids Meaning of eyelid symptoms and signs

External diseases of eye and adnexa - eyelid

Judgment

Ability to obtain detailed history Clarity in recording and charting

Unit: Eyelid

MODULE 2: EYELID TESTS

TASKS

a. Assist in ptosis evaluationsb. Assist in tensilon injection

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will assist in ptosis evaluation and in

tensilon injections

(Conditions) With minimal technical supervision; using a syringe,

needles, millimeter rule, IV tensilon

(Criteria) Will set up materials and assist physician as

directed

(Consequence) Complete test by physician in the most expedient

and efficient way in a minimum amount of time

(Next Action) Record physician's exam findings on patient's

record

KNOWLEDGES AND SKILLS

Anaphylactic shock treatment

Judgment

Ability to accurately interpret physician's

orders

Clarity in recording and charting

Manual dexterity

COMPETENCY UNIT V: LACRIMAL SYSTEM

This unit includes the following Module:

Number		<u>Title</u>								Pa			
1	Lacrimal	System	Signs	and	Symptoms						12		

Unit: Lacrimal System

MODULE 1: LACRIMAL SYSTEM SIGNS AND SYMPTOMS

Obtain and record detailed history of lacrimal TASKS

system

PERFORMANCE OBJECTIVE

Upon physician's orders or having a patient complaining, (Stimulus)

of lacrimal system symptoms

The OPHTT will obtain a detailed history (present (Behavior)

and past) of any lacrimal system abnormalities and enter findings on patient record

Without technical supervision (Conditions)

Performed in accordance with physician's directions (Criteria)

Will provide pertinent information (Consequence)

Follow physician's instructions for further patient (Next Action)

care

KNOWLEDGES AND SKILLS

Anatomy and physiology of lacrimal system Meaning of lacrimal system symptoms and signs External diseases of eye and adnexa - lacrimal system

Judgment

Ability to obtain detailed history Clarity in recording and charting

COMPETENCY UNIT VI: CONJUNCTIVA

This unit includes the following Modules:

Number			Titl	Le									Page
1 .	Conjunctival	Signs	and	Symptoms	•	•	•	•		•	•	•	14
2	Conjunctival	Test	(Fluc	rascein)	•	•	•	•	•	•	•	•	15
3	Conjunctival	Test	(Rose	Bengal)						_	_	_	16

Unit: Conjunctiva

MODULE 1: CONJUNCTIVAL SIGNS AND SYMPTOMS

TASKS

a. Obtain and record detailed history of conjunctival abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient

complaining of conjunctival symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any conjunctival abnormalities and

enter findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's

directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of conjunctiva Meaning of conjunctival signs and symptoms

Ability to obtain detailed history

External diseases of eye and adnexa - conjunctiva

Clarity in recording and charting

Unit: Conjunctiva

MODULE 2: CONJUNCTIVAL TEST (FLUORESCEIN)

TASKS

a. Do fluorescein of conjunctiva

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will evaluate conjunctiva by fluorescein

staining

(Conditions) With minimal assistance; using fluorescein with slit

(Criteria) Will do staining as directed by physician (Consequence) Will produce pertinent information regarding

presence or absence of conjustival pathology

(Next Action) Report and record

KNOWLEDGES AND SKILLS

Accuracy in observing and recording

Eye-hand coordination

Technique of fluorescein staining

Manual dexterity

Unit: Conjunctiva

MODULE 3: CONJUNCTIVAL TEST (ROSE BENGAL)

TASKS a. Assist in rose bengal staining

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will assist in rose bengal staining

(Conditions) Using rose bengal

(Criteria) As directed by physician

(Consequence) Will produce pertinent information regarding

presence or absence of conjunctival pathology

(Next Action) Report by recording physician's examination findings

KNOWLEDGES AND SKILLS

Technique of rose bengal staining - conjunctiva

	Compositioney	: OPHTHA	TMIC TEC	HNICIAN	(OPATT)				
i	COMPETENCY	UNIT VII:	: CORNE	A				•	
1	This unit	includes t	the follo	owing Mod	dules:				
Ì	Numbe			Title	_				Page
	1	Corneal	Signs a	nd Sympto	• smc	• • •	• •	• • •	. 18
	2	Corneal	Tests .	• • • •	• • •	• • •	• •	• • •	. 19
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Unit: Cornea

MODULE 1: CORNEAL SIGNS AND SYMPTOMS

TASKS a. Obtain and record a detailed history of cornea

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining

of corneal symptoms

(Behavior) The OPHTT will obtain a detailed history (present and

past) of any corneal abnormalities and enter

findings on patient's record

(Conditions) Without technical supervision

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of cornea Meaning of corneal signs and symptoms Ability to obtain detailed history Clarity in recording and charting External disease of eye and adnexa - cornea

Unit:

Cornea

MODULE 2: CORNEAL TESTS

TASKS

- a. Do fluorescein staining
- b. Check blink reflex
- c. Do Placido's disc
- d. Do pachometry (measurement of thickness or depth)
- e. Do keratoscopy
- f. Evaluate for wetting of the cornea

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will evaluate the cornea by fluorescein

staining, a Placido's disc, keratoscopy, measure

corneal thickness, check blink reflex and

evaluate for wetting of the cornea

(Conditions) With minimal technical assistance; using slit-lamp,

Placido's disc, keratoscope, fluorescein, cotton wisp

(Criteria) Must be performed in accordance with physician's

orders

(Consequence) Provide pertinent information regarding presence

or absence of corneal pathology

(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

Technique of keratoscopy Technique of blink reflex Technique of pachymetry Eye-hand coordination

Manual dexterity

Accuracy in observing and recording test results

Skill in performing tests

COMPETENCY UNIT VIII: SCLERA

This unit includes the following Modules:

Number				Title									Page
1	Scleral	Signs	and	Symptoms	•	•	•	•	•	•	•	•	21
2	Scleral	Test											22

Unit: Sclera

MODULE 1: SCLERAL SIGNS AND SYMPTOMS

TASKS a. Obtain and record detailed history of

scleral abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining

of scleral symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any scleral abnormalities and enter

findings on patient record

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further patient

care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the sclera Meaning of scleral signs and symptoms External diseases of the eye and its

adnexa - sclera

Ability to obtain detailed history Clarity in recording and charting

Unit: Sclera

MODULE 2: SCLERAL TEST

TASK a. Examine sclera

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or when presented with a

patient with an inflamed or traumatized eye

(Behavior) The OPHTT will examine the sclera

(Conditions) Without supervision; with slit-lamp

(Criteria) The OPHTT must be able to recognize scleral

pathology

(Consequence) Will provide physician with pertinent information

regarding presence/absence of scleral pathology

(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

Slit-lamp examining techniques
Accuracy in observing and reporting
Eye-hand coordination
Manual dexterity

COMPETENCY UNIT IX: PUPIL AND IRIS

This unit includes the following Module:

Number				Ti	itle					Page
1	Puril	and	Iris	Signs	and	Symptoms				24

Unit: Pupil and Iris

MODULE 1: PUPIL AND IRIS SIGNS AND SYMPTOMS

TASK Obtain and record a detailed history of iris

and pupil abnormalities

PERFORMANCE OBJECTIVE

Upon physician's orders or having a patient complaining (Stimulus)

of pupil or iris symptoms

The OPHTT will obtain a detailed history (present (Behavior)

and past) of any pupil and iris abnormalities

and enter findings on patient records

(Conditions) Without technical assistance

Performed in accordance with physician's directions (Criteria)

(Consequence) Will provide pertinent information

Follow physician's instructions for further patient (Next Action)

care

KNOWLEDGES AND SKILLS

Anatomy and physiology of iris and pupil Meaning of pupil and iris signs and symptoms Ability to obtain detailed history

Internal diseases of the eye - iris and pupil

Clarity in recording and charting

COMPETENCY UNIT X: CILIARY BODY/ANGLE STRUCTURE

This unit includes the following Module:

Number			Title			Page
1 .	_	Body/Angle		_		26

Unit: Ciliary Body/Angle Structure

MODULE 1: CILTARY BODY/ANGLE STRUCTURE SIGNS AND SYMPTOMS

TASK a. Obtain and record a detailed history of ciliary body/angle structure abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complaining

of ciliary body/angle structure symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any ciliary body/angle structure

abnormalities, e.g. glaucoma

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the ciliary body/ angle structure, anterior chamber Definition of glaucoma Classification of glaucoma

Classification of glaucoma Physiology of aqueous humor

Pathology-physiology of glaucoma

Meaning of eye symptoms--ciliary body/angle

structure

Ability to obtain detailed history Clarity in recording and charting

COMPETENCY UNIT XI: LENS

This unit includes the following Modules:

Number				Tit	:16	2										Page
1 .	Lens	Signs	and	Sympton	ns		•	•	•	•	•	•	•	•	•	28
2	Lens	Test,	Sli	t-Lamp								_				29

Unit:

Lans

MODULE 1: LENS SIGNS AND SYMPTOMS

TASKS

a. Obtain and record a detailed history of lens abnormalities

PERPORMANCE OBJECTIVE

(Stimulus)

Upon physician's orders or having a patient complaining

of lens symptoms, e.g. cataracts

(Behavior)

The OPHTT will obtain a detailed history (present

and past) of any lens abnormalities

(Conditions)

(Criteria)

Without technical assistance

Performed in accordance with physician's directions

(Consequence) (Next Action) Will provide pertinent information

Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the lens Meaning of lens signs and symptoms Definition of cataract Causes of cataracts Ability to obtain detailed history Clarity in recording and charting

Unit: Lens

MODULE 2: LENS TEST, SLIT-LAMP

TASKS a. Observe/report for cataracts

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPPTT will observe and report for signs of

cataracts

(Conditions) Without supervision; with slit-lamp

(Criteria) Recognize signs immediately

(Consequence) Will produce pertinent information regarding

presence/absence of these signs

(Next Action) Report and record these signs

KNOWLEDGES AND SKILLS

Anatomy and physiology of lens

Cataracts

Slit-lamp examining techniques

Accuracy in observing and reporting Eye-hand coordination

Skill in using slit-lamp

Competency: OPHTHALMIC TECHNICIAN (OPHTT)

COMPETENCY UNIT XII: VITREOUS BODY

This unit includes the following Module:

Number			2	ritle	<u>2</u>							P	age
1	Vitreous	Body	Signs	and	Symptoms	•	•	•	•	•	•	•	31

Unit: Vitreous Body

MODULE 1: VITREOUS BODY SIGNS AND SYMPTOMS

TASKS

a. Obtain and record detailed history of vitreous body abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient complain

of vitreous body symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of any vitreous body abnormalities

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Enter on patient record

KNOWLEDGES AND SKILLS

Anatomy and physiology of the vitreous body Meaning of vitreous body signs and symptoms Internal diseases of the eye - vitreous body Ability to obtain detailed history Clarity in recording and charting

COMPETENCY UNIT XIII: RETINA

This unit includes the following Modules:

Number				Title									Page
1	Retinal	Signs	and	Symptoms	•		•	•	•	•	•	•	33
2	Retinal	and Ne	europ	hysiologi	.c	Test	s						34

Unit: Retina

MODULE 1: RETINAL SIGNS AND SYMPTOMS

TASKS a. Obtain and record a detailed history of

retinal abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with

retinal symptoms

(Behavior) The OPHTT will obtain a detailed history (present

and past) of retinal abnormalities and enter

findings on patient's record

(Conditions) Without technical assistance

(Criteria) Performed in accordance with physician's instruction

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of the retina Meaning of retinal signs and symptoms Internal diseases of the eye - retina Ability to obtain detailed history Clarity in recording and charting

Unit:

Retina

MODULE 2: RETINAL AND NEUROPHYSIOLOGIC TESTS

TASKS

a. Do static perimetry testingb. Do flicker fusion testing

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will perform static perimetry and

flicker fusion fields testing

(Conditions) With minimal technical supervision; using a

Goldman parimeter

(Criteria) Will perform perimetry as directed by physician

(Consequence) Will produce pertinent information regarding

presence or absence of retinal pathology

(Next Action) Report and record findings

KNOWLEDGES AND SKILLS

Goldman perimeter, use and operation
Techniques of static perimetry with Goldman perimeter
Techniques of flicker fusion fields testing
Visual field defects
Eye-hand coordination
Skill in recording findings
Manual dexterity

COMPETENCY UNIT XIV: EXTRAOCULAR MUSCLE/STRABISMUS

This unit includes the following Modules:

Number		<u>Title</u>						Page
		Muscle/Strabismus			•	•	•	36
2	Extraocular	Muscle/Strabismus	Tests					37

Unit: Extraocular Muscle/Strabismus

MODULE 1: EXTRAOCULAR MUSCLE STRABISMUS SIGNS AND SYMPTOMS

TASKS

Obtain and record a detailed history of extraocular muscle abnormalities

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or having a patient with

extraocular muscle symptoms

The OPHTT will obtain a detailed history (present (Behavior)

and past) of extraocular muscle abnormalities, e.g. strabismus, and enter findings on patient's

record

(Conditions) Without technical assistance

(Criteria)

Performed in accordance with physician's directions

(Consequence) Will provide pertinent information

(Next Action) Follow physician's instructions for further

patient care

KNOWLEDGES AND SKILLS

Anatomy and physiology of extraocular muscles Extraocular signs and symptoms Definition of strabismus Classification of strabismus Ability to obtain detailed history Clarity in recording and charting

Chait.

Extraocular Muscle/Strabismus

MODULE 2: EXTRAOCULAR MUSCLE/STRABISMUS TESTS

TASKS

- a. Test muscle action in 9-card gaze
- b. Datermine amount of deviation with cover, cross cover and prisms
- c. Test prism convergence/divergence
- d. Perform Worth four-dot test, distance/near
- e. Do depth perception test, e.g., Verhoff, AFVT
- f. Determine cyclodeviation using double Maddox NOD
- g. Do Bagolini striate lens test

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will perform depth perception testing,

determine cyclodeviation, determine prism

convergence/divergence

(Conditions) Using appropriate instruments and test devices,

e.g., stereo fly, Wirt stereo dots, synoptophore, major and minor amblyoscope, telebinocular, Maddox

wing, double Maddox NOD, Stevens stereometer

(Consequence) This action will test extraocular muscles and

determine dagree of strabismus

(Next Action) Record results of tests in patient records

Compatency:	OPHTHALM	IC TECHNICI	AN (OPHTT)
COMPETENCY U	INIT XV:	OPHTHALMIC	MEDICATIONS
This unit in	cludes th	e following	g Module:

Unit: Ophthalmic Medications

MODULE 1: PREPARATION OF MEDICATIONS

TASKS

- a. Prepare ophthalmic solutions
- b. Prepare local anesthetic solutions for use
- c. Answer personnel inquiries regarding mixing/ administering

PERFORMANCE OBJECTIVE

(Stimulus) (Behavior) (Conditions) When a medication is ordered
The OPHTT will prepare medication as ordered
Without technical assistance; he will dilute
or mix powder medications or pour and draw out
medications when given the appropriate equipment
such as medicine glass, container, syringe and
needle and the appropriate medication and the
method for dilution if needed; a sterile technique
must be maintained for injectables

(Consequence) (Next Action) Properly prepared medications

The medication is to be administered

KNOWLEDGES AND SKILLS

Autonomic nervous system Classification of ophthalmic drugs and the autonomic nerves

Type of injectable and topical anesthetic used in ophthalmology and signs and symptoms of toxicity

Manual dexterity to measure and prepare small quantities of powder or liquid materials Kind, dose and method of administering drugs to be prepared

COMPETENCY UNIT XVI: PHOTOGRAPHY

This unit includes the following Modules:

Number	Title							Page
1	Ophthalmic External Photography	•	•	•	•	•	•	. 41
2	Onbthalmic Fluorescein Photography	_	_		_	_	_	. 42

Unit: Photography

MODULE 1: OPHTHALMIC EXTERNAL PHOTOGRAPHY

TASKS

a. Do specialized external photography of the eye

b. Do fundus photography

c. Do photoslit-lamp photography, e.g. Zeiss

d. Do specialized external photography

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will do specialized external photography

of the eye, do fundus photography, photoslitlamp photography, e.g. Zeiss; do specialized

external photography of lens

(Conditions) With minimal technical assistance; using external

camera, fundus camera, photoslit-lamp camera

(Criteria) Must be able to locate and photograph area

ordered by physician

(Consequence) Provide prints/slides that will document information

regarding presence or absence of ocular pathology

(Next Action) Send film in for processing

KNOWLEDGES AND SKILLS

Film type and lighting requirements
External cameras, use and operation
Fundus cameras, use and operation
Photoslitlamp camera, use and operation
Care and maintenance of cameras
Eye-hand coordination
Skill in handling delicate cameras
Skill in locating and photographing areas
as ordered
Techniques of external photography

Techniques of fundus photography

Unit: Photography

MODULE 2: OPHTHALMIC FLUORESCEIN PHOTOGRAPHY

TASKS

a. Assist with fluorescein fundus photography

b. Assist with fluorescein photography of the

iris

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders

(Behavior) The OPHTT will assist in fluorescein fundus

photography and fluorescein photography of the

iris

(Conditions) With minimal technical assistance; using fluorescein,

external camera, fundus camera, photoslit-lamp

camera, and IV fluorescein or other equivalent

dye injected by physician
(Criteria) Must be able to locate and photograph area

ordered by physician

(Consequence) Provide prints/slides that will document information

regarding presence or absence of ocular pathology

(Next Action) Send film for processing

KNOWLEDGES AND SKILLS

Film type and lighting requirement
External cameras, use and operation
Fundus cameras, use and operation
Photoslitlamp camera, use and operation
Fluorescein techniques: angiography
Care and maintenance of cameras
Eye-hand coordination
Skill in handling delicate cameras
Skill in locating and photographing areas as
ordered

Competency:	OPHTHALMIC TECHNICIAN (OPHTT)	
COMPETENCY U	JNIT XVII: OCULAR TRIAGE	
This unit in	ncludes the following Module:	
Number	Title	Page
1	Triage of Patients with Ocular Signs and Symptoms · · · · · · · · · · · · · · · · · · ·	44

Unit: Ocular Triage

MODULE 1: TRIAGE OF PATIENTS WITH OCULAR SIGNS AND SYMPTOMS

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with signs or symptoms

of ocular pathology

(Behavior) The OPHTT will perform triage of patients into

emergency, urgent or routine case by signs and

symptoms

(Conditions) Without technical supervision; with use of

accurate history, Snellen charts, slit-lamp,

flashlight, ophthalmoscope

(Criteria) Upon technical review is judged correctly

performed by supervisor

(Consequence) Categorize patient in emergency, urgent or

routine categories

(Next Action) Notify the physician and/or supervisor about

the presence of the patient with the symptoms and/

or signs

KNOWLEDGES AND SKILLS

Meaning of eye symptoms
Accuracy in observation and reporting

COMPETENCY UNIT XVIII: OPHTHALMIC DISPENSING

This unit includes the following Modules:

Nu:	mber		<u>Title</u>								Ī	age					
	1	Contact	Lens	Dispensing .	•	•	•	•	•	•	•	•	•	•	•	•	46
	2	Contact	Lens	Modification													47

Unit: Ophthalmic Dispensing

MODULE 1: CONTACT LENS DISPENSING

TASKS

a. Do and record keratometry

b. Measure and record width of palpebral fissure

c. Measure and record width of cornea

d. Insert trial lens

e. Determine if fit is appropriate

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient desiring contact lenses and upon approval of the prescribing physician

(Behavior) The OPHTT will obtain the appropriate measurements (Conditions) Upon approval of the prescribing physician the

appropriate trial lens is inserted and fluorescein stain and slitlamp are used to determine whether

the lens fits

(Criteria) Upon review is judged correctly performed with

regard to correct fit

Eye-hand coordination

(Consequence) The patient with appropriate lens in his eye is

ready for inspection and prescription of the

contact lens

(Next Action) Make appropriate entry on chart

KNOWLEDGES AND SKILLS

Techniques of fitting, inserting and removing contact lens
Types of contact lenses
Techniques for measuring width of palpebral fissure, cornea
Technique of keratometry
Technique of inspecting contact lens
Manual dexterity
Ability to record measurement accurately
Clarity in recording measurements

Unit:

Ophthalmic Dispensing

MODULE 2: CONTACT LENS MODIFICATION

TASKS

a. Change lens powerb. Modify lens fit

PERFORMANCE OBJECTIVE

(Stimulus)

(Behavior)

Upon physician's order or having patient with contact lenses requiring minimal modification The OPHTT will change power of the lens or modify fit of lens utilizing the contact lens

modification unit

(Criteria)

According to physician's specifications

(Consequence)

Corrected lens ready for inspection by physician

KNOWLEDGES AND SKILLS

Technique of using contact lens modification unit Technique of modifying lens fit Technique of modifying lens power

COMPETENCY UNIT XIX: BASIC OPHTHALMOLOGIC SURGICAL PROCEDURES

This unit includes the following Modules:

Number	<u>Title</u>	Page
1	Subophthalmic Surgical Examination under Anesthesia	49
2	Special Ophthalmology Instrumentation	50
3	Microsurgery	51

Unit: Basic Ophthalmologic Surgical Procedures

MODULE 1: SUBOPHTHALMIC SURGICAL EXAMINATION UNDER ANESTHESIA

TASKS

a. Eye exam under anesthesia - Circulate

b. Eye exam under anesthesia - Scrub

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures

stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician,

organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technic

acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and

reporting breaks in sterile technique and completing all necessary operating room forms

and reports

(Conditions) With minimal supervision; using appropriate instrument

and equipment for procedure as noted on scrub

card

(Criteria) Upon technical review is judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Anatomy and physiology

Manual dexterity

Eye-hand coordination

Anticipating needs of physician/surgical team

Skill in handling delicate instruments

Skill and accuracy in recording information on

appropriate O.R. forms

Unit:

Basic Ophthalmologic Surgical Procedures

MODULE 2: SPECIAL OPHTHALMOLOGY INSTRUMENTATION

TASKS

a. Cryopexy photo or cryocoagulation - Scrub

c. Cryopexy photo or cryocoagulation - Circulate

PERFORMANCE OBJECTIVE

(Stimulus)

When notified of scheduled surgery for procedures

stated in tasks

(Behavior)

The OPHTT will function as (1) a scrub technician, organizing the instruments and equipment, anticipating

the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary operating

room forms and reports

(Conditions)

With minimal supervision; using appropriate

instruments and equipment for procedure as noted

on scrub card

(Criteria)

Upon technical review is judged correctly

performed with regard to safe patient care and

aseptic techniques

(Consequence)

Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action)

Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Cryopexy principles and techniques
Instruments and equipment used for cryopexy
Anticipating need of physician/surgical team
Skill in handling delicate instruments
Skill and accuracy in recording information
on appropriate forms
Judgment

Unit: Basic Ophthalmologic Surgical Procedures

MODULE 3: MICROSURGERY

TASKS

a. Set up and focus operating microscope

b. Drape operating microscope

c. Do photography through operating microscope

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders prior to and during surgical

procedures

(Behavior) The OPHTT will focus and take photo with the

operating microscope or, as scrub technician, will

drape the microscope

(Conditions) (Criteria) With technical supervision; using a microscope, drape

Upon technical review judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedite the efficiency and effectiveness with

which the surgical procedure is carried out

KNOWLEDGES AND SKILLS

Operation and use of operating microscope

Photographic principle

Anticipating needs of physician Handling delicate instruments

Judgment

COMPETENCY UNIT XX: OPHTHALMIC SURGICAL PROCEDURES

This unit includes the following Modules:

Number	<u>Title</u>		Page
1	Extraocular Surgery	. •	53
2	Intraocular Surgery		55
3	Corneal Surgery		57
4	Retinal Surgery		58

Unit: Ophthalmic Surgical Procedures

MODULE 1: EXTRAOCULAR SURGERY

TASKS a. Orbital surgary - Scrub

b. Orbital surgery - Circulate

c. Eyelid surgery - Scrub

d. Eyelid surgery - Circulate

e. Lacrimal system - Scrub

f. Lacrimal system - Circulate

g. Conjunctiva - Scrub

h. Conjunctiva - Circulate

i. Eyeball surgery - Scrub

j. Eyeball surgery - Circulate

k. Extraocular muscle/strabismus surgery - Scrub

1. Extraocular muscle/strabismus surgery - Circulat

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician,

organizing the instruments and equipment,

anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the

room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile technique and completing all necessary

operating room forms and reports

(Conditions) With minimal supervision; using instruments for

extraocular procedures in addition to appropriate instruments and equipment for procedures as noted on

scrub card

(Criteria) Upon technical review is judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of: Repair of blow-out of fracture of
eye orbit
Open reduction of zygomatic arch
Repair of orbital fracture e.g.,
rim scrub

Technique of: Excision of neoplasm of lid

Excision of chalazion

Plastic repair of entropion/ectropion

Blepharoplasty

Plastic repair of eyelid (cosmetic)

Electrocautery of eyelid

Levator resection Frontalis sling

Technique of: Nasolacrimal duct probing

Dacryocystorhinostomy

Technique of: Excision of pterygium

Excisional biopsy of conjunctival tumor

Removal of foreign body

Technique of: Evisceration

Enucleation

Technique of: Resection of extraocular muscles

Recession of extraocular muscles Advancement of extraocular muscles Tenectomy of extraocular muscles Myectomy of extraocular muscles Myotomy of extraocular muscles

Anatomy and physiology of eye and adnexa Instruments and equipment trays used for extraocular surgery

Manual dexterity

Eye-hand coordination

Anticipating the need of physician/surgical team

Skill in handling delicate instruments

Skill and accuracy in recording information on

appropriate operating room forms

Unit:

Ophthalmic Surgical Procedures

MODULE 2: INTRACCULAR SURGERY

TASKS

- Removal of intraocular foreign body Scrub a.
- Removal of intraocular foreign body Circulate b.
- Scleral surgery Scrub c.
- Scleral surgery Circulate d.
- Anterior/posterior chamber Scrub e.
- Anterior/posterior chamber Circulate f.
- g. Pupil/iris - Scrub
- Pupil/iris Circulate h.
- i. Ciliary body/angle structure - Scrub
- j. Ciliary body/angle structure - Circulate
- Lens Scrub k.
- Lens Circulate l.
- Vitreous body Scrub m.
- Vitreous body Circulate n.

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures

stated in tasks

The OPHTT will function as (1) a scrub technician, (Behavior)

organizing the instruments and equipment,

anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team,

watching for and reporting breaks in sterile technique and completing all necessary operating

room forms and reports

(Conditions) With minimal supervision; using instruments for

intraocular procedures in addition to appropriate

instruments and equipment for procedures as

noted on the scrub card

(Criteria) Upon technical review is judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of: Repair of scleral laceration

Scleral transplant

Sclerectomy

Removal - scleral foreign body

Technique of: Paracentesis

Technique of: Repair of prolapsed iris

Iridotomy Iridectomy

Technique of: Cryocyclodiathermy

Cyclectomy Goniotomy

Scheie Procedure

Technique of: Removal of cataract/intracapsular

Removal of cataract/extracapsular

Cataract aspiration

Capsulotomy

Discussion/needling of cataract

Technique of: Vitreous transplant

Vitrectomy

Aspiration of vitreous body

Anatomy and physiology of eye and adnexa Instruments and equipment trays used for

intraocular surgery

Anticipating the needs of physician/surgical team

Skill in handling delicate instruments

Skill and accuracy in recording information on appropriate operating room forms

Unit: Ophthalmic Surgical Procedures

MODULE 3: CORNEAL SURGERY

TASKS a. Corneal trauma surgery - Scrub

b. Corneal trauma surgery - Circulate

c. Corneal transplant - Scrub

d. Corneal transplant - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures

stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician,

organizing the instruments and equipment, anticipating the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the surgical team, efficiently coordinating the room, anticipating the needs of the surgical team, watching for and reporting breaks in sterile

technique and completing all necessary operating

room forms and reports

(Conditions) With minimal supervision; using instruments for

corneal procedures in addition to appropriate instruments and equipment for procedures as noted

on scrub card

(Criteria) Upon technical review is judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Technique of: Removal of corneal foreign body

Repair of corneal laceration

Technique of: Lamellar graft

Penetrating graft

Anatomy and physiology of eye and adnexa

Instruments and equipment trays used for corneal

urgery

Anticipating the needs of physician/surgical team

Skill in handling delicate instruments

Skill and accuracy in recording information on appropriate operating room forms

Unit:

Ophthalmic Surgical Procedures

MODULE 4: RETINAL SURGERY

TASKS

a. Repair of retinal detachment - Scrub

b. Repair of retinal detachment - Circulate

PERFORMANCE OBJECTIVE

(Stimulus) When notified of scheduled surgery for procedures

stated in tasks

(Behavior) The OPHTT will function as (1) a scrub technician,

organizing the instruments and equipment anticipating

the surgeon's needs, or (2) as the circulating technician, acting as a mobile member of the

surgical team, efficiently coordinating the room,

anticipating the needs of the surgical team, watching

for and reporting breaks in sterile technique

and completing all necessary operating room forms

and reports

(Conditions) With minimal supervision; using instruments for

retinal procedures in addition to appropriate

instruments and equipment for procedures as noted

on scrub card

(Criteria) Upon technical review is judged correctly performed

with regard to safe patient care and aseptic

technique

(Consequence) Expedites the efficiency and effectiveness with

which the surgical procedure is carried out

(Next Action) Patient is transferred to the recovery room

KNOWLEDGES AND SKILLS

Anatomy and physiology of eye and adnexa Instruments and equipment trays used for retinal

Anticipating the needs of physician/surgical team Skill in handling delicate instruments
Skill and accuracy in recording information on appropriate operating room forms